

Vocational Rehabilitation
for the Visually Handicapped

SHORTLEY, MICHAEL

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AMERICAN FOUNDATION
FOR THE BLIND INC.

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GREATER NEW YORK COUNCIL OF AGENCIES FOR THE BLIND

June 22, 1944

Dear Friend,

Because of the great interest manifested by those who heard Mr. Shortley's speech at the Annual Meeting of the Council on June 7th, we have had mimeographed copies made of this address. We are pleased to send you a copy herewith.

Sincerely yours,

Marian Held

Marian Held,
Secretary.

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VOCATIONAL REHABILITATION FOR THE VISUALLY HANDICAPPED
GREATER NEW YORK COUNCIL OF AGENCIES FOR THE BLIND
NEW YORK CITY, JUNE 7, 1944.

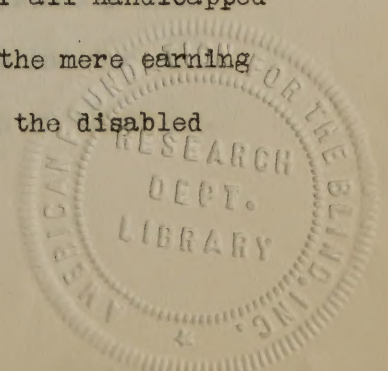
Our new approaches to rehabilitation denote the nation's broadened concepts of the character and extent of our duties to the disabled, and point up the need for the integration of knowledge and techniques in many special fields.

I am very glad to have this opportunity to discuss with you the opportunities afforded by the expansion of our program and to seek your help in developing the best possible rehabilitation services for all who can benefit by these services.

First, I want to outline for you the Federal-State program of vocational rehabilitation under the Federal Security Agency which was recently initiated by the Congress; to suggest to you the broad implications of this legislation as a public service for the disabled in the same category as are public education, public health, and other activities for the welfare of the people; and to indicate the services we may now render.

Vocational rehabilitation might be termed a formula to conserve the greatest of all our assets -- the working usefulness of human beings. The program, in the American way, aids disabled men and women to maintain the human dignity of independence in productive work by a valid investment in essential services to effect their placement in remunerative employment.

We estimate the dimensions of our problem in terms of all handicapped persons whose employability can be improved; stressing not the mere earning of a livelihood as a final goal, but the reincorporation of the disabled



as creative and responsible members of society. Specifically, we are concerned with the men and women injured in industry, or by accident or illness, or impaired by congenital deficiency.

You will recall that the rehabilitation of the civilian disabled was first recognized as a legal obligation of government in the passage of the Vocational Rehabilitation Act of 1920. With this legislation, all forty-eight states, the District of Columbia, Hawaii, and Puerto Rico undertook a vocational rehabilitation program, which, though limited in funds and services, rehabilitated 210,000 persons into employment prior to July 1943.

The results of these pioneer years obviously represent a small inroad into the potential case load of handicapped persons. They are meaningful to the disabled who could be served and in discovering the working tools needed. Most importantly, they furnish a sound basis of experience in restoring the handicapped to productive usefulness on which to build a more comprehensive program.

Recognizing the limitations of the legislation and the unmet needs of the disabled, as well as their potentiality as a reservoir of untapped manpower, the Congress last July enacted a series of amendments to the Vocational Rehabilitation Act in Public Law 113, known as the Barden-LaFollette Act.

Under its provisions, the mentally as well as the physically handicapped may be served. There is specific provision for the blind for whom, as you know, there is for the first time Federal recognition of their re-

habilitation needs. War-disabled civilians, including merchant seamen, and civil employees of the United States Government, injured in performance of duty, are also specifically included.

Federal fiscal provisions are considerably liberalized by removal of the fixed ceiling on Federal funds to carry out the program. The Federal Government is permitted to assume all necessary State administrative costs. Medical diagnosis and treatment, vocational training, and other similar services for the usual group of handicapped persons are shared by State and Federal Governments on a fifty-fifty basis; while the cost of services for war-disabled civilians receive full Federal reimbursement.

The most significant new provision enables the use of Federal funds for the physical restoration of the handicapped so that they may as nearly as possible approximate normal work capacity.

We have long believed that the rehabilitation axiom should be "never train around a disability that can be remedied"; with medical authorities agreeing that tackling the complex problem of rehabilitation without the integration of physical reconstruction was putting the cart before the horse.

The provision now to enlist medical care, along with vocational counseling and training, rounds out our program for a realistic attack on disablement.

In general, the services available under our program include medical and vocational diagnoses, vocational counseling, physical restoration,

vocational training, funds for maintenance during training, placement in employment, and follow-up on employment until adjustment has been made. All handicapped persons eligible for service may receive medical and vocational diagnosis, counseling, training, and placement irrespective of their financial status. However, with regard to physical restoration services, prosthetic appliances, maintenance during training, instructional supplies, occupational tools and equipment, it must be shown that the applicant is unable to pay for these services from his own resources. Only those conditions which are "static", (relatively stable), may be treated and the medical services to be rendered must be expected substantially to reduce or eliminate the employment handicap. Hospitalization is limited to 90 days for any one disability.

The conditions of providing physical restoration clearly differentiates this phase of service from a general medical care program for ordinary acute illness and from a program of long-term care for chronic illness. We do not feel, however, that we must await the end results of long-term illness before starting service. For example, it would not be necessary to await the onset of total blindness before a person with glaucoma could be treated under this program.

In establishing the physical restoration program in our National Office, we have sought advice both from within the Government and from outside. By agreement with the Surgeon General of the U. S. Public Health Service, our physical restoration section is directed by medical officers

assigned to our office from the Public Health Service. In time, we hope for similar assignments of other medical officers to carry responsibility for us in specialized fields.

Aid to the States in setting up the work for physical restoration is being given by our medical officers who are drawing heavily upon the recommendations of our National Professional Advisory Committee in the various areas of service. This Committee includes representatives of the medical specialties most actively concerned with rehabilitation.

We are fortunate, also, in having professional advice in matters of policy and procedure affecting the general operations of our program from our National Rehabilitation Advisory Council, on which is represented business and industry, labor, medicine, services for the blind, social welfare, and other interests closely allied to the adjustment of the disabled. Special assistance in one phase of our program is given by the National Committee for the Industrial Placement of the Blind.

Similar Rehabilitation Councils and Professional Committees in each State will give advice to our State Agencies and make technical recommendations for physical restoration services to conform to the high professional standards of the National and State medical associations and the hospital associations.

Through the Federal-State cooperative plan, the functions of operating our program rest with the State Boards of Vocational Education, each having a Division of Vocational Rehabilitation with a full-time director

and a professional staff. Vocational rehabilitation for the blind is provided by the State Commissions or Agencies for the Blind where State legal authority exists for providing these services. Otherwise, rehabilitation for the blind becomes a function of the State Rehabilitation Agency. The Federal Office, which is known as the Office of Vocational Rehabilitation, is a constituent unit of the Federal Security Agency. It is responsible for the establishment of standards in the various areas of service; for technical assistance to the States; and for the certification of funds for grants-in-aid to the States upon approval of State Plans for Vocational Rehabilitation meeting the requirements of the authorizing Act of Congress.

We have adopted the policy of using existing public and private facilities and utilizing all resources of service, rather than creating new facilities or attempting to equip one agency for the total job of rehabilitation.

Within the program, no special works projects are established. Instead, training is obtained from public and private schools, from vocational training courses, and from in-service training on the job. No hospitals or medical centers are created. Medical and surgical diagnostic services and treatment are purchased or secured from practicing physicians. Hospital care is purchased from existing public and voluntary hospitals. Employment is secured in private business and in government on the customary business basis.

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In undertaking the rehabilitation of the visually handicapped, we are motivated by the earnest desire that the blind persons of the country shall receive whatever services are required to do a complete job. The same clinical methods of case work to formulate and carry out individual plans for rehabilitation in accordance with individual needs and abilities will be used as for sighted persons. Likewise, the objective is a suitable occupation and an adequate income on a normal basis for blind persons coming within the framework of our program, considered as individuals.

We are as eager as the foremost workers for the blind - of which this is a most progressive group - to broaden the horizon of opportunities and to bring an end to the day when all blind persons must be confined to basketmaking or tuning pianos regardless of their education, previous occupation, or aptitudes for other activities. As an important factor in restoring the blind to employment in the various fields where their capacities and interests lie, rehabilitation services, we feel, must be so given as to establish the complete confidence of the public in the wide variety of talents of the blind and give them an opportunity to use them.

There is now being prepared in our Federal Office a manual of policies on the provision of rehabilitation services for the blind. A representative committee of workers in this field will assist our office in the preparation of this manual.

Just as the Federal Office draws upon outside advice in the field of physical restoration and general planning, we are drawing upon the

experience of all of the agencies for the blind for continuous consultation and recommendation.

The best estimates indicate that there are at least 230,000 blind persons in this country. In addition to those persons coming within the accepted legal definition of blindness, there are also the partially sighted. It is thought that eligibility for rehabilitation services for the partially sighted will fall into four general classifications:

- (1) General 25% loss of vision covering the following factors: central visual acuity (better eye only, better and worse eye), binocular function, indirect and peripheral, double-vision, prognosis; (2) Loss of one eye;
- (3) 20/60 corrected better eye; (4) Better than 20/60 if progressive.

Our plans for physical restoration contain specific provisions to obtain competent medical care and the best facilities for the treatment of visual handicaps. In the first place, there are two requirements:

- (1) Medical diagnosis, including general medical examination - and when necessary, laboratory work, special examinations, and hospitalization - shall be made available in every case as a factor in determining eligibility; (2) Diagnosis and treatment of the visually handicapped which in the opinion of the examining physician requires treatment, services shall be given by an ophthalmologist. Supplementing these requirements is the recommendation that all applicants for rehabilitation with any type of visual handicap be referred to a qualified ophthalmologist for examination and treatment.

Physical restoration will also be available to blind persons with disabilities other than visual. For instance, a blind person losing an arm or leg may need a prosthetic appliance to make him employable. In other cases, a hearing aid may be required, or a hernia operation may have to be performed. If sight has been lost in an explosion, plastic surgery and artificial eyes may be essential to employability. Dental work, also, is often important in employment acceptability. This type of restoration service for blind persons may be new to many agencies. You will find it suggestive of much additional service now available to the blind.

From our present observation, it appears that the best results in rehabilitating blind persons may perhaps be attained by specialized services where case loads and staffing permit.

Our thinking, therefore, centers on four major divisions in which the State Agencies will need specialists to prepare and place the blind in employment. These are industrial placement; vending stands and retail merchandising; professional and clerical; and agricultural and rural activities. The purpose of the latter, being to provide as good services and employment opportunities for the blind in rural areas as for those in urban centers.

The changes in our program also require changes in techniques, with additional training for State personnel an urgent need in program operations. To help the States meet this need, intensive in-service training courses are being conducted in our Federal Office. These courses are designed to integrate medical and vocational services step by step from

joint diagnosis through training to placement in employment. Twelve State supervisors of rehabilitation for the blind so far have been included in the courses for State Rehabilitation Agency supervisors.

After consultation with our National Committee for the Industrial Placement of the Blind, of which Mr. Salmon is a member, the first course for State Industrial Placement Specialists for the blind is now underway in Baltimore with eleven trainees - totally blind - from the nine states participating.

This course takes the class room right out to industry through the cooperation of twenty-one industrialists of that city, representing as many varieties of production. During the six weeks period, the trainees will learn to perform between 100 and 125 production processes on instructions from plant foremen. The course is under the direction of our staff Industrial Placement Specialist, who is without sight. The processes being used were selected by him by analyzing and demonstrating the processes in the plants. The final week of instructions will be given in our Washington office. This course will be repeated for the specialists from other States; with plans being made for training courses for vending stand supervisors to be given as soon as the States are ready for this service.

While we are not officially authorized to participate in prevention of blindness, an activity in which we are cooperating borders on preventive work. As many of you know, the Industrial Hygiene Division of the U. S. Public Health Service, in conjunction with the National Society for Pre-

vention of Blindness, has been making a study of workers in industry to determine the degree of eye strain in the performance of tasks. The Industrial Hygiene Division has agreed to consider the possibility of having their ophthalmologist determine the visual ability required to perform various industrial and scientific processes.

There are also studies - in which we are, of course, participating - under way in the U. S. Department of Labor; the U. S. Civil Service Commission; the National Research Council; and the Center for Safety Education of New York University which undertake to analyze accident causes in terms of physical and human factors; to increase the validity of accident prevention methods; and to gather factual information concerning the selection and placement of workers in industrial jobs.

Thus, we hope to have jobs analyzed as to their visual requirements as well as for their physical requirements. As these studies progress, we shall all know whether a person with 20/60 vision may perform a certain task, with safety to his remaining vision and his fellow workers. In the same manner, we expect to have a listing of jobs in which no sight is required, continuing through the scale of occupations up to positions in which only persons with normal vision should be employed.

We look upon the rehabilitation of the disabled as a vertical segment of many fields at the point where related programs come together. In our operations we, therefore, must rely upon the development of cooperative agreements to correlate activities and to avoid wasteful duplication of services.

The voluntary agencies for the blind are rendering a splendid service. You have great responsibilities in meeting the needs of that large group of the visually handicapped who cannot be served by rehabilitation. We want you to share our responsibilities, not only by your counsel, but by participation in our services.

There are three elements of cooperation that are reciprocally desirable, namely: the interchange of information and experience; maximum use of all facilities; and mutual referral of cases. We are also all concerned with provisions for safeguarding the confidential nature of information, and we shall need to work out by mutual consideration, such other cooperative measures as local conditions require.

Our State Rehabilitation Agencies will need to use the special work shops as pre-vocational training centers for the development of skills, work tolerance, and work habits for blind persons who by reason of long idleness and other circumstances will require this preliminary reconditioning type of service. These special work shops, we all recognize, offer the best medium of employment for many blind persons and are extremely important as sources of employment since it seems unlikely that all of the blind persons of the country can be placed in ordinary occupations. We will need your facilities in case finding, morale building, placement, and after care. Data on the personal, social, medical and psychological background of individuals must be obtained from many sources for case histories and studies in the field of rehabilitation. Your assistance

will also be very helpful in the adjustment of personal and home factors which may contribute to the successful rehabilitation of blind persons.

A primary factor in developing the pattern of cooperation is your complete understanding of the role of vocational rehabilitation in the over-all adjustment of social problems. How effectively rehabilitation is used in the total solution of the individual problems of blind persons depends in large part upon your interpretation of the processes and purposes of our services to your cases.

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